

# County of Los Angeles ● Tuberculosis Control Program

## Patient Education Instructions for Home Isolation for Contagious Tuberculosis

Mr./Ms. \_\_\_\_\_ (D.O.B. \_\_\_\_\_) has been educated and counseled that he/she is suspected or confirmed to have active tuberculosis (TB) disease based on clinical assessment and/or laboratory findings and that he/she is considered to be contagious to others. Because he/she is currently contagious, as his/her Public Health Center physician I have instructed him/her that in order to prevent the transmission of TB to others he/she should:

1. Remain at home and stay away from public spaces, including for example, work, school, church, stores, restaurants, markets, or other (specify for the patient): \_\_\_\_\_
2. Avoid using public transportation, including buses, taxicabs, airplanes, trains, or other (specify for the patient): \_\_\_\_\_
3. Inform the Public Health Center physician or nurse of any appointments that require leaving his/her home, including doctor, dental, and court appointments, or other (specify for the patient): \_\_\_\_\_ so that we can assist in rescheduling these appointments.
4. Make sure that people who have not been previously identified to the Public Health Center staff or have not yet been screened for TB by the Public Health Center not enter his/her home.
5. Inform the Public Health Center physician or nurse of any plans to move from his/her current home address.
6. Cover his/her mouth and nose with tissue when he/she sneezes or coughs.
7. Take all medications as prescribed. Inform the Public Health Center physician or nurse about any side effects he/she experiences from taking the medications. Keep all scheduled appointments at the Public Health Center. Interruptions or inconsistencies in taking the TB medications as prescribed could delay release from home isolation.
8. Cooperate with Public Health Center staff in monitoring his/her compliance with home isolation.
9. Other situations (specify for the patient): \_\_\_\_\_

I have discussed each point above with the patient and the patient indicated that he/she understands that in order for him/her to prevent the transmission of TB to others, he/she should remain isolated at his/her place of residence until he/she is determined to be non-contagious by the Public Health Center physician.

Public Health Center  
Physician's signature \_\_\_\_\_, M.D. Date \_\_\_\_\_

Translator's signature \_\_\_\_\_ Date \_\_\_\_\_

H-3070 (7/04)

Patient Stamp
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